

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 11 1943

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

19303

Do not use this space.

## 1. PLACE OF DEATH

(a) County WassRegistration District No. 353(b) Township ShelbyPrimary Registration District No. 6196(c) City Licking(d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. 10

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy E Hill(a) Residence, No. \_\_\_\_\_ St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) 1

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND (OR) WIFE OF M. F. Hill6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 18717. AGE YEARS 72 MONTHS 3 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as saw mill, bank, etc. Housewife10. Date deceased last worked at this occupation (month and year) May 1 1943 11. Total time (years) spent in this occupation 5412. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking MO13. NAME Daniel D. Reed14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn15. MAIDEN NAME Laurena Reeves16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn17. INFORMANT (ADDRESS) M. F. Hill18. BURIAL, CREMATION, OR REMOVAL PLACE Licking DATE 6-2-4319. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith & Ferguson Licking MO20. FILED 6/4 19 43 Maggie Wilson Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 194322. I HEREBY CERTIFY, That I attended deceased from May 27 1943 to May 31 1943I last saw him alive on May 31 1943. Death is saidto have occurred on the date stated above, at 7:35 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac asthma  
1316Other contributory causes of importance:  
myocarditis & chronic nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) D. Reed M. D.(Address) Licking MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 5  
District File Number 64835  
Date Filed 6-7-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Embert E. Ferguson*

Licensed Embalmer No.

*3945*

P. O. Address

*Fickling Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.